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# **Adapting practice: Infection risk assessment and mitigation guide**

**This document provides a written record of the heightened infection control measures that this clinic has put into place to ensure the safety of all staff and patients during COVID-19.**

**This risk assessment and mitigation record should be undertaken in conjunction with review of the iO’s guidance ‘Infection control and PPE’ and ‘Adapting practice guide’ available from** [**here**](https://www.iosteopathy.org/covid-19/adapting-your-practice/)**. In this document you will find the following:**

**Table 1**: This is an overview of the measures you have taken that will form your clinic policy for operating during COVID-19 and available to all staff and patients. This should be completed once you have undertaken an assessment of risk and detailed the mitigating action you have taken

* + NB: This does not constitute a full Health and Safety Risk Assessment as required by the Health and Safety Regulations for normal operation of business. Please see iO website for details of [Health and Safety Policy, assessment and reporting an incident guidance](https://www.iosteopathy.org/for-osteopaths/practice-development/compliance/policies-and-guidance/).
* **Table 2**: Areas assessed for risk and mitigating action taken. This records in detail the areas of potential risk you have identified and record of the mitigating actions you have taken and when.
	+ **Table 2a - Protection for staff and patient before and when in clinic**
	+ **Table 2b – Heightened hygiene measures**
* **Table 3**: For completion to outline your PPE policy for staff in your practice
* **Table 4**: Detail of how you will communicate to staff and patients your policies

Please also ensure that you aware of the following:

[General Osteopathic Council Interim Infection Control guidance for COVID 19](https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/interim-guidance-on-infection-control/)

**Completion of the attached demonstrates compliance with the following Osteopathic Practice Standards including but not limited to:**

* **A2: “…. adapting your communication to take account of [your patient’s] particular needs”**
* **C5: “You must ensure your practice is safe, clean and hygienic”**
* **D11: “You must ensure that any problems with your own health do not affect your patients”**

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| We have assessed our practice for risks outlined and put in additional processes as detailed below |
| **Undertaken a risk assessment** | 19/05/2020* To be reviewed following subsequent changes in government guidance or changes in guidance issued by the regulator (GOsC) or professional body
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| **Heightened cleaning regimes** | * Treatment room will be cleaned between in each patient including disinfecting all hard and treatment surfaces.
* Washrooms will be cleaned after each treatment period, or if used by a patient, door handles, taps and toilet flusher will be disinfected upon departure of that patient.
* Hard surfaces and waiting room chair in common area will be cleaned after every treatment period, if patients pass through but does not wait, or, after the departure of any patient that has waited in the waiting room continuously for more than five minutes.
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| **Increased protection measures**  | * Linens removed from treatment room, introduction of plastic wipe able couch cover, plastic wipe able pillows, waterproof couch roll, paper towels for drying practitioner hands after washing, provision of hand sanitizer, gloves and masks available for patients who arrive without their own.
* Payments only by BACS or contactless card payments.
* Practitioner to wear PPE as advised by regulator and professional body.
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| **Put in place distancing measures** | * Increased time between appointments to prevent patient any overlap (and for time for cleaning/disinfecting/changing single use PPE)
* Patients to be advised not to enter clinic more than five minutes before their appointment time.
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| **Practitioner training** | * Correct handwashing technique best practice
* Put on/remove PPE safely
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| **Providing remote/ telehealth consultations** | Detail here what telehealth/remote consultations you are offering e.g.* All patients will have telephone pre-screening call.
* A full case history will be taken from all new patients at a convenient time prior to a face to face consultation being offered and appropriate advice given if face to face not appropriate.
* Follow-up/maintenance appointments available via telephone with additional resource of Rehab My Patient available.
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|  | (Document last updated: 20/05/2020) |

| Table 2a. Protection of staff and patients before they visit, and when in, the clinic.We have assessed the following areas of risk in our practice and put in place the following precautions to  |  |
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|  | **Description of risk** | **Mitigating action** | **When introduced** |
| **Pre-screening for risk before public/patients visit the clinic** | Offering treatment to inappropriate patients | Patients will be triaged and offered a telephone consultation with supporting advice in the first instance. For potential new patients, the initial case history will be taken by telephone to determine if a face to face is relevant or support can be provided by a telehealth consultation.If a face to face consultation is deemed appropriate, before an appointment is made, the patient will be asked* Have you had a high temp or developed a new continuous cough within last 7 days?
* Has anyone in your household had a high temperature or developed a new continuous cough within last 7 days?
* Are you or anyone in your household currently in the high risk/vulnerable categories?
* Have you been in contact with someone with suspected/confirmed COVID 19 in the last 14 days?
* Have you developed any other new respiratory symptoms in the last 7 days?
* Are you expecting to visit anyone in the high risk/vulnerable categories in the days following treatment? (If so do you wish to defer treatment till after this visit?)

Additionally the patient will be informed of the PPE, infection control and social distancing measures implemented. The patient will then be informed that while all action to minimize risk, as advised by the regulator and the professional body, has been taken, that risk can never be completely excluded. They will then be asked if, based on all the information given they still wish to proceed with a face to face consultation? If yes they will be informed their response will be documented on their case notes.The patient will be asked to attend the clinic with gloves and a mask/face covering (but provision will be made if needed), to arrive no more than five minutes before their appointment time, that payment will be by BACS or contactless card payment, to inform if they have used the washroom on arrival so it can be cleaned once they have left.NB: All triage pre-screening information will be documented in the patient notes.  | 20/05/2020 |

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| I develop symptoms of COVID 19 or a patient that has been treated subsequently informs me they have symptoms and/or have tested positive. | Risk of receiving, carrying and passing on infection | If I develop symptoms, I will follow all appropriate government guidelines and self-isolate for 7 days and my household will self-isolate for 14 days. As a key worker I will exercise my right to request a test. Depending upon the test result and whether I am symptomatic or asymptomatic I will follow the appropriate advice as laid out in the PHE flow charts Symptomatic worker: ﬂowchart describing return to work following a SARS-CoV-2 test and Asymptomatic worker: ﬂowchart describing return to work following a SARS-CoV-2 test.If I discover that a patient I have treated within the last 14 days has tested positive I will follow all appropriate government guidelines and self-isolate for 14 days. As a key worker I will exercise my right to request a test. Depending upon the test result and whether I am symptomatic or asymptomatic I will follow the appropriate advice as laid out in the PHE flow charts Symptomatic worker: ﬂowchart describing return to work following a SARS-CoV-2 test and Asymptomatic worker: ﬂowchart describing return to work following a SARS-CoV-2 test.In either case will inform all patients that I have treated within the last 7 days. | 20/05/2020 |
| Travel to and from the clinic | Infection risk from patient travelling by public transport | If a patient has travelled by public transport and arrives without gloves ensure they wash their hands or use hand sanitizer immediately on entering the treatment room, then provide with gloves.If a patient arrives with gloves and/or mask but says they were not able to adequately socially distance on the public transport and are concerned about contact, offer the opportunity to remove and dispose of their PPE, wash their hands and face and then provide fresh gloves and mask. | 20/05/2020 |
| Entering and exiting the building | Contamination from clothing, building entrance door handle as a point of contact, inter-patient contact entering and exiting | * I will change into work clothing at the clinic and place work clothing in a separate cloth bag to take home a home for washing.
* Patients are asked not to arrive not more than five minutes early for their appointment to comply with social distancing if other people are in the building.
* Patients who can will be asked to wait in their car or outside the building (observing social distancing) especially if they arrive early.
* Are you expecting patients to wash their hands (with either soap and water or a form of hand sanitiser) upon entering exiting the building
* The exterior door handles will be disinfected immediately upon my arrival and between each patient.
 | 20/05/2020 |
| Common areas | Breech of social distancing, prolonged period of waiting in the waiting area, contact points in waiting area | * Patients are asked not to arrive not more than five minutes early for their appointment to comply with social distancing if other people are in the building and if they arrive early to wait in their car if possible.
* Washrooms will be cleaned after each treatment period, or if used by a patient, door handles, taps and toilet flusher will be disinfected upon departure of that patient.
* Hard surfaces and waiting room chair in common area will be cleaned after every treatment period, if patients pass through but does not wait, or, after the departure of any patient that has waited in the waiting room continuously for more than five minutes.
 | 20/05/2020 |

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| Social/physical distancing measures in place | Patient overlap in entrance or waiting area | * Patients are asked not to arrive not more than five minutes early for their appointment to comply with social distancing if other people are in the building and if they arrive early to wait in their car if possible.
* Increased time between appointments to prevent patient any overlap (and for time for cleaning/disinfecting/changing single use PPE)
 | 20/05/2020 |
| Face to face consultations (in-clinic room)  | Contact time within the confines of the treatment room and social distancing constraints if a chaperone is present | * Maximise the spacing between myself and the patient to encourage social distancing when taking a case. For new patients take full case history over the telephone prior to booking appointment to minimise time in room. (Recap to patient and ask if anything wants to add/change before beginning examination.
* A chaperone must be from within the patient’s own household and will therefore have been covered by the pre-screening questions but can be re-questioned on arrival and provided with gloves and mask if needed.
* No additional family members accept a chaperone including in the waiting areas.
 | 20/05/2020 |

| Table 2b Hygiene measuresWe have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures  |
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|  | **Description of risk** | **Mitigating action** | **When introduced** |
| Increased sanitisation and cleaning  | Surface or contact point contamination | Use of at least 60% alcohol sanitisers/wipes, using bleach-based detergents for floors.Surfaces/contact points to be disinfected between each treatment as standard* Plinths, plastic pillows, desk, door handles (treatment room and external door) equipment, chairs.

Surfaces/contact points to be cleaned sessionally (unless used by patient then to be cleaned immediately on patients departure)* Waiting area surfaces + chairs, washroom door handles, taps, toilet flusher and paper towel dispenser

Actions to minimise the number of surfaces requiring cleaning * Remove unnecessary linen/use of plastic pillows and plastic couch cover that can be cleaned between patients
* Decluttering the clinic rooms and waiting area on unnecessary items
 | 20/05/2020 |
| Aeration of rooms  | Droplets in the air | * Treatment room windows opened for minimum 15 minutes after each patient
* Removal of fans and other air-circulation mechanisms
* If weather allows, small treatment room and waiting area windows to be kept open.
 | 20/05/2020 |
| Staff hand hygiene measures | Spread of infection form unknown contact contamination | * Bare below the elbow/hand washing before and after patients with soap and water for at least 20 seconds, including forearms/use of hand sanitiser gel/ use of gloves
 | 20/05/2020 |
| Respiratory and cough hygiene | Spread of infection by droplet or aerosol emission | * All patients asked to attend with mask or face covering with masks available on request
* Hand hygiene facilities available for myself, patients and any chaperones
 | 20/05/2020 |

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| Table 3. Personal Protective Equipment: Detail here your policy for use and disposal of PPE |
| Clinicians will wear the following PPE | * Single-use nitrile gloves and plastic aprons with each patient
* Fluid-resistant surgical masks on a sessional basis, replacing if/as necessary
* Eye protection, on a risk assessment basis e.g. if there is a risk of droplet transmission or fluids entering eyes
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| When will PPE be replaced | * Single use items replaced per patient
* Fluid resistant mask replaced when potentially contaminated, damaged, damp, or difficult to breathe through or at the end of a session (maximum 5 consecutive patients at 45 minute intervals)
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| Patients will be asked to wear the following PPE | * The patient will be asked to attend the clinic with gloves and a mask/face covering (but provision will be made if needed).
* In the event of respiratory symptoms of hay fever or asthma, the patient will be provided with a fluid resistant surgical mask if they do not attend with one.
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| PPE disposal | * Double-plastic bagged and left for 72 hours before removal, keeping away from other household/garden waste, then placed in normal waste for collection by the local authority.
* Cloths, cleaning wipes and paper towels also bagged and disposed of with PPE.
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| Table 4. Communicating with patients: Detail here how you will advise patients of measures that we have taken to ensure their safety and the policies that have been put in place in our clinic |
| Publishing your updated clinic policy | * Available on your website or by e-mail upon request
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| Information on how you have adapted practice to mitigate risk | Detail here what general information on steps taken and where it has been published* Explained to patients as part of telephone conversation/screening.
* These tables will be published on the website

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| Pre-appointment screening calls  | * Screening will take place as part of the initial telephone conversation/triage, but if a face to face consultation is arranged and this is not within 24 hours of this call then the patient will be contacted and re-screened either the evening before or the morning of the face to face consultation
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| Information for patients displayed in the clinic | * Door notices advising anyone with symptoms not to enter the building.
* Notices on other public health measures e.g. hand washing/sanitising/self-isolation
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